



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
HAMASAKI	PETER	J.	(808) 529-7300
MAILING ADDRESS (Street)			FAX
500 Ala Moana Boulevard, Five Waterfront Plaza, Suite 400			(808) 524-8293
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
McCORRISTON MILLER MUKAI MacKINNON LLP			(808) 529-7300
MAILING ADDRESS (Street)			FAX
500 Ala Moana Boulevard, Five Waterfront Plaza, Suite 400			(808) 524-8293
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
American Family Life Assurance Company of Columbus(AFLAC)			(706) 596-3927
MAILING ADDRESS (Street)			FAX
1932 Wynnton Road			(706) 596-3908
(City)	(State)	(Zip Code)	
Columbus	GA	31999	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Mr. L. Allen Fuller, III			(706) 596-3927
MAILING ADDRESS (Street)			FAX
1932 Wynnton Road			(706) 596-3908
(City)	(State)	(Zip Code)	
Columbus	GA	31999	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

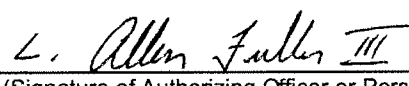
PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.


(Signature of Lobbyist)

1/25/07
(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
L. Allen Fuller, III		Second Vice President - Government Relations	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
American Family Life Assurance Company of Columbus (AFLAC)		(706) 596-3927	
MAILING ADDRESS (Street)		FAX	
1932 Wynnton Road		(706) 596-3908	
(City)	(State)	(Zip Code)	
Columbus	GA	31999	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
		<u>1/25/07</u>	
(Signature of Authorizing Officer or Person Represented)		(Date)	